Discontinue Dependent Coverage

King County
Benefits, Payroll and Retirement Operations

- Submit this form *within 30 days* of the qualifying event (or sooner) to Benefits, Payroll and Retirement Operations, The Chinook Building CNK-ES-0240, 401 Fifth Ave., Seattle 98104-2333, or fax it to 206-296-7700.
- You might want to discontinue coverage for dependents from some but not all benefit coverage (for example, delete them from health coverage but not life insurance coverage, if they remain eligible). If that's the case, attach an explanation to this form. If you delete dependents because you and your spouse have separated, they will not be eligible to continue their health benefits under COBRA until divorce occurs.
- You might also want to submit new county insurance, state retirement and deferred compensation beneficiary designation forms.
- Questions? Go to www.kingcounty.gov/employees/benefits, e-mail kc.benefits@kingcounty.gov or call 206-684-1556.

Provide information about the dependent for whom you're discontinuing coverage

Event prompting change
☐ Death
☐ Divorce
☐ Domestic partnership ended
☐ Child no longer dependent
☐ Qualified Medical Child Support Order ended (attach copy)
☐ I self-pay to cover this family member and opt not to continue
☐ Other (explain) _____

Date event occurred _____

Dependent name _____ Birth date _____

Mailing address for COBRA notification (required if dependent is living at a different address than yours)

Street _____ Apt No _____

City _____ State _____ ZIP _____

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Authorize your change

This information is true, correct and complete, and amends previously submitted information. I authorize King County to make any payroll deductions or refunds resulting from my requested change. I understand the willful falsification of any information I have provided may lead to disciplinary action up to and including discharge from employment.

Employee signature _____ Date signed _____

Printed name _____ Contact phone (_____)_____

Paid ☐ 5th and 20th ea month ☐ Every other Thursday Employee ID _____

Office use only	Date received	Processed by	Audited by	Date effective